

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35931

1. PLACE OF DEATH

19 County Cass Registration District No. 156
8 Township Grand River Primary Registration District No. 4090
2 City Harrisonville (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 53

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene E. McAdoo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1848
7. AGE YEARS 85 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME John W. Burnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Elizabeth McComb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Mrs. Lula B. Willis(ADDRESS) 305 N. Walnut - Sola, Kas18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 11/18/3319. UNDERTAKER Burner & Sons(ADDRESS) Harrisonville, Mo20. FILED 11/17 33 A. S. Long Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 193322. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Nov 16, 1933Last saw him alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 12:40 P. M.

The principal cause of death and related causes of importance were as follows:

Senile Gangrene with Enlarged Prostate & Chronic Myocarditis
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (Violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation or disease? _____

If so, specify _____

(Signed) W. Scott, M. D.(Address) Harrisonville

Dr. Scott

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